

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

6274C

FILED DATE

6/23/00

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1	
2		1	X			
3	1					
4						
5	1					
6	1					
7	1		X			
8		1				
9		1				
10		1				
11						
12						
13						
14						
15			X			
16						
17						
18			X			
19		1				
20	1		X			
21	1					
22		1				
23	1					
24	1					
25						
26						
27						
28						
29						
30						
31						
32						
33						
34		1	X			
35	1					
36	1		X			
37	1					
38	1					
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47						
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49						
50						
TOTAL IND.	15		4		2	
TOTAL DEP.	29		16		10	
TOTAL CLAIMS	44		20		12	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						